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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attorney Docket No.	2528US						
First Inventor	HICKINGBOTHAM	700					
Title	Surgical Wide-Angle Illuminator						
Express Mail Label No.	EL358462322US	_					

See MPEP chap	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450									
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specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box										
5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS										
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FEE TRANSMITTAL NYA Application Number October 30. 2003 Filing Date for FY 2004 HICKINGBOTHAM First Named Inventor Effective 10/01/2003. Patent fees are subject to annual revision. **Examiner Name** NYA Applicant claims small entity status. See 37 CFR 1.27 Art Unit NYA 1,076.00 **TOTAL AMOUNT OF PAYMENT** 2528US Attorney Docket No. METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Money Order 3. ADDITIONAL FEES Check Credit card Other None Large Entity | Small Entity ✓ Deposit Account: Fee **Fee Description** Deposit Code (\$) Code Fee Paid 50-1051 Account 2051 1051 130 65 Surcharge - late filing fee or oath Number Deposit Surcharge - late provisional filing fee or cover sheet 1052 50 2052 25 ALCON, INC. Account Name 130 Non-English specification 1053 130 1053 The Director is authorized to: (check all that apply) 1812 2.520 1812 2,520 For filing a request for ex parte reexamination Charge fee(s) indicated below Credit any overpayments 1804 920 1804 9201 Requesting publication of SIR prior to Charge any additional fee(s) or any underpayment of fee(s) Examiner action Charge fee(s) indicated below, except for the filing fee Requesting publication of SIR after Examiner action 1805 1 840 1805 1 8401 to the above-identified deposit account 1251 110 2251 55 Extension for reply within first month **FEE CALCULATION** 1252 420 2252 210 Extension for reply within second month 1. BASIC FILING FEE 950 2253 475 Extension for reply within third month arge Entity Small Entity Fee Paid Fee Description 1254 1,480 2254 740 Extension for reply within fourth month 2255 1255 2,010 1.005 Extension for reply within fifth month 1001 770 2001 385 Utility filing fee 770.00 1401 330 2401 1002 340 2002 170 Design filing fee 165 Notice of Appeal 1402 330 2402 165 Filing a brief in support of an appeal 1003 530 2003 265 Plant filing fee 2004 1403 290 2403 145 Request for oral hearing 1004 770 385 Reissue filing fee 1005 160 2005 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable SUBTOTAL (1) (\$) 770.00 1,330 2453 1453 665 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1.330 2501 665 Utility issue fee (or reissue) Fee from Extra Claims Fee Paid below 1502 480 2502 240 Design issue fee ΧĮ 18.00 306.00 -20** = 1503 640 2503 320 Plant issue fee Independent 0 х - 3*1 0.00 1460 130 1460 130 Petitions to the Commissioner Multiple Dependent 0.00 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) Large Entity Small Entity 180 Submission of Information Disclosure Stmt 1806 180 1806 Fee Description Fee Fee Code (\$) 40 Recording each patent assignment per Code (\$) 8021 40 8021 property (times number of properties) Claims in excess of 20 1202 18 2202 9 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1201 86 2201 43 Independent claims in excess of 3 385 For each additional invention to be examined (37 CFR 1.129(b)) 1203 290 Multiple dependent claim, if not paid 2203 145 770 1810 2810 ** Reissue independent claims 1204 86 2204 43 over original patent 1801 `` 770 2801 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination 2205 ** Reissue claims in excess of 20 1205 9 18 of a design application and over original patent Other fee (specify) (\$) 306.00 SUBTOTAL (2) *Reduced by Basic Filing Fee Paid 0.00 (\$) SUBTOTAL (3) **or number previously paid, if greater; For Reissues, see above (Complete (if applicable)) SUBMITTED BY Registration No. Name (Print/Type) Armando Pastrana, Jr. 44,997 Telephone (817) 615-5056 (Attorney/Agent) 240CTØ3

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